## REQUEST FOR FUNERAL HONORS FOR DECEASED ARMY PERSONNEL

Casualty Assistance Office, Fort Sill, OK 73503 (580) 442-6405/6706 or Fax (580) 442-6914)

PRIVACY ACT STATEMENT													
Authorization – AR 600-25													
Purpose – To provide funeral honors for deceased Army personnel.													
Routine Use – Normal Office Use. To obtain current information to provide funeral honors.  Disclosure – Voluntary. However failure to provide may delay services to be provided until authenticity can be verified by													
an alternate method.	to provide i	nay delay	sei	vices	เบ ม	e pro	vided t	ırılıı aul	пепи	city can be v	/ermea	Бу	
Next of Kin Requests													
		Check all t											
Funeral Honors Team Chaplain Casualty Assistance Officer (CAO)									(CAO)				
1. Deceased Information.													
Name (Last, First, MI)	Rank												
Social Security Number	Religious F	e Race					е						
Status (Check One)	Compo	Dnent (Check One)											
Army Retiree Army Veteran	ar Army  National Guard						Reserve						
Cause of Death				Date of Death					Time of Death				
Place of Death (Modical Easility if any City and	nd State)												
Place of Death (Medical Facility if any, City and State)													
2. Next of Kin (NOK) Information.													
Name (Last, First, MI)			NOK Date of Birth						Spouse Date of Death				
Relationship to Deceased									Spouse's Date of Birth				
NOK Address									NOK Phone Number				
3. Retirees Only (Also needed if the request is for a retiree's dependant)													
Retiree Place of Birth (City and State)			Date of Retirement						Retiree SSN				
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NOK Place of Birth (City and State)			of Marriage (City and State)						NOK SSN				
4. Funeral.													
Funeral Home				Funeral Home Address (Street, City, State)									
				(2000)									
Funeral Home Director								Funer	al Ho	me Phone N	lumber		
Funeral Services will be held at—			Δd	dress	(Str	eet C							
Tunicial Convices will be field at				Address (Street, City, State)									
Church or Chapel Phone Number	n or Chapel Phone Number Funeral Date		Funeral Tir				al Time		am	ŗ	om		
5. Burial.													
Cemetery Name				Address (Street, City, State)									
Phone Number Burial Date				Burial Time						am	р	m	
6. Burial in Fort Sill On-Post Cemetery.										-	<u>r</u>		
Military Police Escort  Yes No				If "Yes," gate entering Fort Sill and appropriate time									
· — —				Gate									
			Tin			am		pm					
Does Next of Kin desire to reserve space?			<u> </u>	Yes Yes	<u> </u>	No							
Does Next of Kin desire to use Government Headstone?					<u> </u>	No							
Outside of casket container (Note: this is NOK expense)				Yes		No	)						

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